

Direct Current Cardioversion (DCCV)

Cardiology Department Patient Information Leaflet

Introduction

You have been given this leaflet as your doctor has suggested you would benefit from having a Direct Current Cardioversion (DCCV). This leaflet gives more information on what will happen to you before and after the procedure. It is designed to make sure that you know as much as possible about the procedure before you agree to it and sign the consent form.

What is a cardioversion?

Direct Current Cardioversion (DCCV) is a procedure for treating abnormal heart rhythms such as Atrial Fibrillation (AF) or Atrial Flutter. The aim is to restore the heart's normal regular rhythm by delivering a controlled electric shock to the heart. This is not a permanent cure for arrhythmias, and it may recur at some point following a DCCV.

The procedure is performed under sedation. It usually takes 30 minutes to perform.

Why do I need a cardioversion?

A cardioversion will only be requested by your doctor if they feel this is the best way to treat your heart condition and symptoms.

In AF the upper chambers of the heart quiver rather than pump and thus do not clear the blood out effectively. This can cause small blood clots to form inside the chambers, which increases the risk of having a stroke. You may be experiencing palpitations, shortness of breath and fatigued.

Consent

We must seek your consent for any procedure or treatment beforehand which will be a two-stage process.

Stage one will be with your doctor in a clinic setting where they will explain the risks, benefits and alternatives where relevant, before they ask for your written consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

Stage two will be a re-confirmation when you attend for the procedure and will be undertaken by a healthcare professional (either physiologist or the operator)

What are the benefits of having this procedure?

- Correction of your abnormal heart rate.
- Elimination of unpleasant symptoms, such as palpitations, shortness of breath and tiredness.
- Improved quality of life.

- **What are the risks of having a Cardioversion**

- Skin redness at shock site.
- Unable to restore normal regular rhythm.
- Risk of stroke
- Death is a rare complication of a cardioversion
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- **What if I decide not to have a cardioversion?**

If you choose not to have a cardioversion, you will continue to have the symptoms. Discuss alternative treatments with your consultant.

What preparation is needed?

On the day of the procedure:

- You must not eat for six hours before the procedure.
- You must not drink milky drinks six hours before the procedure. Clear fluids only.
- You can drink sips of water.
- Bring all medication with you.
- Please take your normal medications, with a sip of water on the morning of your procedure- **see the note regarding Warfarin and anticoagulation**
- Have a bath or shower.
- Remove jewellery, contact lenses, make-up and nail varnish. Wedding rings can remain but will be taped for the procedure.
- Be prepared to stay overnight, pack a small bag.

- Bring a book or something to do whilst you wait.
- Bring reading glasses.
- Avoid bringing large sums of money or valuables.
- **Please arrange for a relative or a friend to take you home after your procedure by car/taxi. You will not be able to drive home or use public transport. Your relative or friend will need to stay with you overnight.**

Medication

What to do if on Warfarin or newer anticoagulants (NOACs):

Continue anticoagulation (Apixaban, Dabigatran, Edoxaban or Rivaroxaban) You must take NOACs as prescribed without missed doses for 4 consecutive weeks before. Your DCCV will be cancelled if you miss a dose.

- **Continue Warfarin**, please contact the day case unit 01384 456111 ext. 2573 to discuss

Diabetes (controlled by diet or tablets)

- Do not eat at least four hours before the procedure
- You can drink clear fluids up to admission.
- If you are missing breakfast do not take your diabetes medication.
- Stop taking Metformin 48 hours before procedure and 24 hours post procedure
- Remember to bring all your diabetes medication, dextrose tablets and blood testing equipment
- If your procedure is in the afternoon, take your tablets as normal with your breakfast.
- Your blood glucose will be tested by a finger prick when you arrive and monitored

Diabetic taking insulin:

- Day before STOP SGLT2 inhibitor (dapagliflozin, empagliflozin or canagliflozin)
- Stop taking Metformin 48 hours before procedure and 24 hours post procedure
- Usually, we will try to put you first on the list. We advise you not to eat any breakfast and to omit your usual morning insulin before the procedure.
- Remember to bring all your diabetes medication, dextrose tablets and blood testing equipment
- If you are on the afternoon list, you need to take half of your morning dose of mixed insulin (minimum 10 units) with breakfast.
- If you are on insulin four times a day, please remember to take your morning dose.
- Your blood glucose will be tested by a finger prick when you arrive and monitored

What happens on the day:

- We will provide you with a gown to change into. A small canula (tube) will be inserted into a vein in your arm.
- Pre-procedure tests will include blood pressure, temperature, and ECG.
- A health professional will complete stage two of the consent process. Please use this opportunity to raise any concerns that you may have.

What happens during the procedure

The procedure is performed in a dedicated room within the Cardiology Department You will be cared for by a team of doctors, nurses and cardiac physiologists.

- You will lie on a bed.
- Your ECG, blood pressure and oxygen levels will be monitored throughout the procedure.
- You will be connected to the defibrillator with 2 large sticky pads to your chest.
- You will be given a sedative to help you relax during the procedure.
- We may give you oxygen using a face mask.
- If you have an internal defibrillator implanted, then at this point it will be deactivated prior to you having the controlled shock treatment.
- When you are asleep a controlled shock will be delivered to your heart.
- A post procedure 12 lead ECG will be performed.
- If you have an implantable cardiac device implanted, it will then be checked/ programmed back to normal settings.
- You will be taken back to recover in the Day Case Unit.

What happens after the procedure?

- You will be taken back to recover in the Day Case Unit.
- Your heart rate and blood pressure will be monitored.
- Cream will be applied to the chest
- Once the sedation has worn off you may eat, drink and gently mobilise.
- Once fully recovered you can go home, usually after three hours.

Going Home Advice

If you have an implantable cardiac device insitu you will have a 6 week follow-up appointment scheduled for the devices clinic.

Diabetic patients

You will be discharge when you are eating and drinking normally and your blood glucose is at a safe level.

However, if you are unwell with:

- **Continuous** vomiting /diarrhoea or high fever
- **Unable** to keep food down for 4 hours or more
- **High** blood glucose (>15mmol)
- **High** ketones (0.6mmol)

You should seek medical help. Contact your usual diabetes nurse or doctor

How to contact us:

Cardiology Day Case Unit

Russells Hall Hospital

Dudley

DY1 2HQ

Tel: 01384 456111 Ext 2573

Wednesday & Thursday 08.00 - 20.00

Cardiology Ward

Russells Hall Hospital

Dudley

DY1 2HQ

Tel: 01384 456111 Ext 2138

Additional information:

British Heart Foundation

Tel: 0808 802 1234

www.bhf.org.uk

